1	PATENT APPLICATION FEE DETERMINATION RECORD										Application or Docket Number						
ļ	Effective October 1, 2003									10791028							
ı	ľ	CLAIMS		S FILED - PART I				SMALL ENTITY					-		-		
1	TOTAL CLA	MS	(Co	lumn 1)	(Ca	(Column 2)		TYPE		<u> </u>	OR		OTHER THA				
1	FOR .			111111111111111111111111111111111111111		 .		RATE		FEE		RATE F					
∦				NUMBER FILED		NUMBER EXTRA		BASIC FEE		385.00 Of		OR	BASIC FI	EE 770.0	Ю		
H	TOTAL CHARGEABLE CLAIMS			32 minus 20≈		12	4	X\$ S	X\$ 9=		ÖR		X\$18=		_		
11-	INDEPENDENT CLAIMS			y minus 3 =				X43=		200			X86=	1-	_		
IL	MULTIPLE DEI	PENDENT CLAIF	M PRESENT	ESENT							\dashv^{c}	PR	, NOO-	 			
• If the difference in column 1 is less than zero, enter "0" in column							_ ر	+145	=		0	R	+290=	1 .			
								TOTA	7		70	R	TOTAL		_		
ı	127-65 CLAIMS AS AMENDED - PART II								_		_		OTHE	R THAN	_		
Ir	1	(Column 1	1	(Column 2) (Column :				SMAL	T E	OR			ENTITY				
AMENDMENT		REMAINING AFTER AMENDMEN	i	NUMB PREVIOUS PAID F	ER	PRESENT EXTRA		RATE		ADDI- IONA FEE			RATE	ADDI- TIONA			
SOS	Total	- []	Minus	-37			1 1	X\$ 9=	1		0,	,	X\$18=	FEE	7		
	Independent		Minus	- 4		1.	7 t	X43=	+		┨ॅ.	Ή		 	4		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=	4		_ OF	ìL	X86=	<u> </u>			
	•						- 1	+145=			OR		+290=				
								TOTA		\dashv	OR	_	TOTAL		┨		
_	(Column 1) (Column					(Calumn 3)		DDIT. FEI		<u> </u>	J~''	AD	OIT. FEE		4		
AMENDMENT B		CLAIMS REMAINING		HIGHES	T		ז ד		TA	DDI-	1	_			1		
		AFTER AMENDMENT		PREVIOU	LY EXTRA		П	RATE		IONAL		L	RATE	ADDI- TIONAL	ı		
Š	Total	.20	Minus	PAID FO	H		I		╁	EE		L		FEE	I		
ZE	Independent		Minus	-			 	(\$ 9-	Ŀ		OR	Ľ	X\$18=	• •	ı		
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CL	AIM	<u> </u>		X43=··			OR	,	K86=		ı		
		۱,	145=			OR	+:	290=									
	•	. 401	TOTAL			OR		TOTAL	<u>-</u>	ı							
_		(Column 1)		(Column :	2) 6	Calumá 3)	~	MI. FEE		1	7.,	ADO	XT. FEEL	 -			
ا د	`	Claims Remaining		HIGHEST	$\cdot T$.		-	45	7							
Ę	•	AFTER AMENDMENT		PREVIOUS	PRESENT EXTRA		A	ATE	AD		ı	-	ATE	ADDI- TIONAL	٠		
5	Total	-CHEMPHEN 1	10-	PAID FOR			<u> </u>			FEE				FEE			
	ndependent		Minus	-	_ :		×	\$ 9-			DR	X	18-				
		VIATION OF AN	Minus	***			×	43=									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X43=)R	_	86=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THES SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											R	+2	90=	. [
											L B		TOTAL				
Th	e "Highest Numb	er Previously Paid	o For IN THE For (Total or	5 SPACE is less 'Independent) is:	than 3, the his	, enter "3," . Dest mumber (1000m : hous:	i, PEE L		``لــــ	A A			——			
	TO-875 (Rev 104							· epp	-pridi	e exx d	- COULT	TEN 1	l.				